



I hereby give notice of my wish that the gratuity, which may be payable upon my death, be paid to the beneficiaries mentioned below and in the proportion indicated by me.

A) PARTICULARS OF MEMBER

1. Pension No.		2. Salary No.	
3. Surname		4. Title	
5. First name			
6. Middle names			
7. ID No.		8. Passport No.	
9. Date of birth	C C Y Y M M D D	10. Pension fund	
11. Employer Name			

B) BENEFICIARIES

1. Surname		Percentage of benefit		%
First name				
Middle names				
ID No.				
Postal address				
Date of birth	C C Y Y M M D D	Relationship		
Tel No.	C O D E	Cell No.		
2. Surname		Percentage of benefit		%
First name				
Middle names				
ID No.				
Postal address				
Date of birth	C C Y Y M M D D	Relationship		
Tel No.	C O D E	Cell No.		
3. Surname		Percentage of benefit		%
First name				
Middle names				
ID No.				
Postal address				
Date of birth	C C Y Y M M D D	Relationship		
Tel No.	C O D E	Cell No.		

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER AND THE WITNESSES MUST INITIAL THIS PAGE

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Member initial

Witness1
InitialWitness2
Initial

NOMINATION OF BENEFICIARIES

WP1002

4. Surname

First name

Middle names

ID No. Percentage of benefit , %

Postal address

C O D E

Date of birth C C Y Y M M D D Relationship

Tel No. C O D E Cell No.

5. Surname

First name

Middle names

ID No. Percentage of benefit , %

Postal address

C O D E

Date of birth C C Y Y M M D D Relationship

Tel No. C O D E Cell No.

6. Surname

First name

Middle names

ID No. Percentage of benefit , %

Postal address

C O D E

Date of birth C C Y Y M M D D Relationship

Tel No. C O D E Cell No.

7. Surname

First name

Middle names

ID No. Percentage of benefit , %

Postal address

C O D E

Date of birth C C Y Y M M D D Relationship

Tel No. C O D E Cell No.

VERY IMPORTANT!!!! INVALID IF TOTAL NOT = 100% TOTAL , %

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Member initial

Witness1
Initial

Witness2
Initial



[illegible]

SIGNATURES

[illegible]

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C	C	Y	Y	M	M	D	D
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